INSTRUCTIONS FOR COMPLETING SUPPLIER APPLICATION

This form is intended for the use of adding or modifying Suppliers into the Database of the City of Detroit which will be used on Purchase Order. All Non PO request must be submitted on the Internal Supplier Request Form.

Top Section:

- 1. Select initial application or change (to update existing supplier). If updating, write in Supplier number if known.
- 2. If you are an Imprest Cash Buyer completing this form for a supplier, complete agency information, and Authorized Signature.
- 3. Complete IRS form W-9 (located on DRMS WEB) check appropriate box.

Section A

- 1. **Business Name** Enter the legal name of the Business as recorded on the IRS W-9 Form. Do not use abbreviations unless it is a part of your legal business name.
- 2. **IRS Form W-9 -** IRS Form W-9 must be submitted with all Supplier Application for each Business that a Supplier desires to register. See attachments for Instructions and Form.
- 3. **Address** -Complete the address information using the following definitions of the various sites. Check as many as apply, however you **can not** combine **RFQ Only** with any other site. Page two of the supplier application can be used to supply additional site addresses.

Definitions of Site Types:

RFQ Only Site - Location for receiving Request For Quotations only. **Purchasing Site** - Location for receiving all Purchasing documents (ex. RFQ,

Purchase Order, Riders, etc.)

Remit to Site - Location to receive payments.

Section B

- 1. **Supplier's NIGP Commodity Class** (Identify equipment, supplies, and/or services on which you desire to quote from the attached NIGP Commodity Class listing. A second mailing will be sent to further identify the NIGP Commodity Code listing)
- 2. **Additional Codes** Use page two to supply additional NIGP Commodity Codes.

Section C

- 1. **Business Ownership** You **must** check a type of ownership.
- 2. **You must** supply the **Federal Tax ID**, **EIN or Social Security Number** for that Business.
- 3. **1099 Supplier** Check this box if you expect to receive an IRS Form 1099 from the City of Detroit. If you provide Health Care Services/Supplies or if your status is Sole Proprietor/Individual **you must** check this box **'Yes'**.

Section D

1. Supplier Signature required. If this is an Imprest Cash Buyer then complete top section (refer to instructions on top of page)

This application must be signed and dated by an Officer of the Firm or a person whom has authority to represent the company.

PLEASE ALLOW (3) THREE BUSINESS DAYS FOR PROCESSING